

# BILINGUAL FAMILIES

Gain a deeper understanding of working with bilingual children and families

## Children are language diverse<sup>[1-3]</sup>

As of 2019, 23% of children in the U.S. between ages 5–17 spoke a language other than English at home (24% in Illinois). 18.2 million are immigrants or children of immigrants (25% of all under 18 in Illinois).

**Fun Fact #1**  
36% of Chicago residents speak a language other than English at home.



**Fun Fact #2**  
About 70,400 students in Chicago Public Schools are classified as English Learners.

Only 11% of licensed psychologists in the U.S. provide services in a language other than English. All providers need to know how to work with bilingual families.

## Bilingual Development<sup>[4-8]</sup>

- ↔ Receptive–expressive gaps appear early, even after gains in both languages
- ↓ Lower receptive vocabulary in both languages or "uneven" vocabulary
- ↑ Increased metalinguistic awareness, cognitive development, executive control
- × No differences in intelligence compared to monolinguals
- ! Social and environmental contexts affect language input; vocabulary gaps based on SES widen over time even for monolingual children

## BARRIERS AND PITFALLS



Things to keep in mind as you read through recommendations provided in this guide



### Parents and children vary in language proficiency and preferences



*Homework time has become a struggle. Ana's mother notices that something is wrong and asks how Ana is feeling. Ana has been really discouraged at school lately, but doesn't know how to say this in the language they speak at home.*

- Limited language supports to facilitate positive home-school connections
- Child explains or translates information from school
- Parent frustration with supporting homework and academic competence
- Hesitation to seek services due to language access, past negative experiences or expected challenges
- Providers assume English fluency, do not allow enough time for interpretation
- Providers assume reading fluency, overly rely on written communication
- Bilingual providers struggle to fill care gaps

### Parents and children may feel pressured to use English in the U.S.



*As an English learner, David was teased at school. He doesn't want to stand out and uses English whenever possible, but is self-conscious about his accent. He uses his native language less, making it harder to communicate with his family.*

## Practice Recommendations<sup>[8-9]</sup>

- \* Support children's exposure to both languages across contexts
- \* Create learning environments in both languages and support family's native language/L1 in child care environments
- \* Support L1 even as child develops fluency in majority language/L2
- \* Communicate with child in L1 to enrich language input & encourage reciprocal exchanges
- \* Expose child to early, high-quality inputs in L2
- \* Be careful when assessing language delays in bi/multilingual development
- \* Promote positive messages about language with caregivers
- \* Supporting bilingual development promotes immigrant child & family well-being

## ★ Language is Powerful ★

*If you talk to a man in a language he understands, that goes to his head.  
If you talk to him in his language, that goes to his heart.  
— Nelson Mandela*

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# ENGAGEMENT WITH BILINGUAL FAMILIES

## PREPARE, RESPOND, ENCOURAGE

- Do not solely rely on communication with English dominant parent/caregiver. This is a missed opportunity to engage, empower, and gather multiple perspectives.
- Allow time for children/caregivers to organize thoughts and respond when code-switching. Bilingual providers can model this (Give me a moment to think about how to say this).
- Normalize frequent check-ins for shared understanding and summarizing information.
- Have intervention materials in [language]. Allow for extra time to review information in both languages. Allow for extra time for interpreter, if needed.
- Find common ground and build from there. Not ready to talk about feelings yet? That's okay! Let's talk about food, favorite family memories, pets, your favorite games, etc.
- Make learning/practice fun and bidirectional (charades, role plays, games, cooking with recipes, sharing music & lyrics, movies/TV)
- When participants who speak different languages are present (e.g., parents & other providers), including an interpreter can be helpful so that bilingual providers do not have to divide attention between their role as a provider and interpreter
- Patient care is not a time for providers to practice language skills; use interpretation services

## TALK TO FAMILIES ABOUT THEIR LANGUAGE PREFERENCES

Tell me about how your family communicates in [language] at home.

Are there differences in who speaks [language] together (ex: with siblings vs. parents) or when [language] is spoken?

Has speaking/not speaking [language] created any challenges or difficulties in your family?

In what language do you feel most comfortable talking about your feelings and experiences?

What do you do when talking with someone who does not speak [language]?

How can I support your language/communication goals as a family?

## BI/MULTILINGUAL PROVIDERS AND WORKFORCE CAPACITY

- Lack of bi/multilingual mental health care providers calls for the need to increase capacity to serve language diverse families
- Bilingual providers often serve as "language brokers" which presents increased demands and risk for burnout
- Bi/multilingual providers are often not assessed for clinical competence
- Specific training, supervision, and professional development supports are required for bi/multilingual providers
- More attention is needed in clinical training about working with interpreters and how to best support the bi/multilingual workforce
- NCTSN provides a helpful sociocultural and trauma-informed framework for mental health interpretation (<https://www.nctsn.org/resources/a-socio-culturally-linguistically-responsive-and-trauma-informed-approach-to-mental-health-interpretation>)

*Delgado-Romero et al., 2018; Engstrom et al. 2009; Liu 2014; NCTSN, 2019; Ortega & Shin, 2021; Peters et al., 2014; Searight & Searight, 2009; Valencia-Garcia & Montoya 2018*

## PROVIDERS ARE PART OF THE LANGUAGE EXCHANGE

**TIP: It is okay to use your experience to connect**

### Native Bilingual

- Share experiences navigating both languages
- Share bilingualism strengths
- Use knowledge to help bridge language gaps in family

### Monolingual Providers

- Access interpretation resources
- Allow time for interpretation
- Use the family's interactions with you to model how to advocate for language services

### Non-Native Bilingual

- Be open to questions about how you learned another language
- Welcome feedback and learning in new contexts
- Clarify and check for understanding

### Learning a New Language

- Share value of learning another language
- Model engaging in interactions as a language-learner, continue to use interpretation services
- Normalize mistakes as part of learning



# A GUIDE TO NAVIGATING CHALLENGES

## Family Empowerment Strategies

1

### LANGUAGE IS A CONNECTION TO CULTURE

Many immigrant families experience discrimination and access barriers within English language dominant U.S. systems. Language can play an important role in cultural identity, family cohesion, and community belonging.

**Parent/Caregiver:** How do you navigate settings when others do not speak your language?

**Child/Teen:** How do you use both languages (at home, at school, with friends)?

**Clinician/Provider:** How do you demonstrate interest and respect when working with language diverse families?



2

### BILINGUALISM IS A STRENGTH

Learning and speaking English is an educational goal for many children in immigrant origin families. We can support this goal while also acknowledging the family's connection to their native language. Point to strengths and opportunities that bilingual skills offer.

**Parent/Caregiver:** What does speaking your native language with your child mean to you?

**Child/Teen:** What is it like for you to have two languages?

**Clinician/Provider:** What supports do you need to work effectively with bilingual parent-child dyads?



3

### CREATE LANGUAGE BRIDGES WITHIN FAMILIES

Providers can help families understand and navigate challenges that emerge from differences in language skills or preferences within the family system. Parents may rely on their child as an interpreter if the child is more proficient in English, contributing to parentification of the child. Providers can empower families with strategies and resources that do not rely on the child for interpretation. Be sure to check in with families as these dynamics shift!

**Parent/Caregiver:** How well are you and your child able to communicate in [language] How about in English?

**Child/Teen:** What are some difficulties you experience when speaking [language]? What is it like for you when you need to translate for your [parent/family members]?

**Clinician/Provider:** How can you embrace an ongoing learning approach to better understand individual and contextual issues impacting each family?



### 4 RECEPTIVE-EXPRESSIVE DILEMMA

Bilingual speakers are not all alike! Language skills can vary across settings, interactions, and language demands. Vocabulary varies based on the settings in which each language is used. Sometimes, a bilingual speaker may have difficulty expressing themselves in a language that they understand as a listener.

**Parent/Caregiver:** How well do you understand your child when the child communicates in each language?

**Child/Teen:** How do you use both languages (at home, at school, with friends)?

**Clinician/Provider Reflection:** How do your own receptive-expressive language skills impact the intervention?



5

### FEELINGS DON'T AUTOMATICALLY TRANSLATE

A person's language set does not translate automatically (vocabulary, connotation, idiomatic or cultural references) and the sociocultural demands of code-switching can be tricky. This can affect how comfortable people feel with their communication skills across settings and situations. A lot can be lost in translation when talking about feelings, points of view, and personal experiences.

**Parent/Caregiver:** Tell me about a time when you had trouble communicating effectively with your child/teenager.

**Child/Teen:** Tell me about a time when you did not know how to describe what you were feeling to your parent/caregiver.

**Clinician/Provider Reflection:** How does your communication style and cultural frame of reference play a role?





# A GUIDE TO NAVIGATING CHALLENGES

## Family Empowerment Strategies

### 6 LANGUAGE IS AN OPPORTUNITY TO SHARE

Language provides an opportunity to share and connect with others. Language barriers may prevent parents from sharing information about their children with educators and providers, from sharing their own personal story, and from having opportunities to vent and receive support.

**Parent/Caregiver:** What helps you feel comfortable talking with others about the concerns you have about your child?

**Child/Teen:** What helps you feel comfortable talking with your family about your experiences?

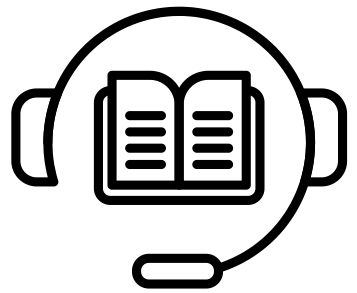
**Clinician/Provider:** How well do you understand the cultural values, social norms, and traditions of each family?



### 7 RESOURCES CREATE POSSIBILITIES

Access barriers in English language dominant U.S. systems may discourage families from engaging with those systems.

Empowering families with knowledge of language resources, and their rights to access them, will support them in advocating for their needs and goals.



**Parent/Caregiver:** What helps you to communicate during meetings at your child's school/doctor's appointments/other activities? What resources do you use to communicate with others who do not speak your language?

**Child/Teen:** What do you do when you have trouble saying something to your parent/family in [language]?

**Clinician/Provider:** Where can you find language diverse materials and community resources for families?

### 8 FAMILY COMMUNICATION CHECK-IN

It can be challenging to navigate emotional communication when language barriers or demands are present within the family system. Talking about feelings, challenges at school, or family conflict become "high stakes" situations. Establish a foundation for communication practice within "low stakes" situations and build from there. Keep this in mind to set the family up for success when selecting intervention strategies and goals.

**Parent/Caregiver:** When is the best time for you to check-in with your child/teen about their day?

**Child/Teen:** What is a good check-in question your parent(s) can ask? Now we can practice ways to respond.

**Clinician/Provider:** How might communication styles (direct vs. indirect) impact the parent-child dyad?



#### Clues that the family could benefit from language supports

- Siblings speak to each other only in English; parents express concerns about content or being purposely excluded from conversations
- One caregiver learns/practices English at work, while the other has limited exposure to learning/practice
- Parents tells you the child/teenager understands [language] but refuses to speak it
- Child/teenager tells you that [language] is hard for them, consistent with your observations when parent is present; opts to speak to parent in English when you or an interpreter are present
- When parent arrives, child/teenager tells you they do not know what to say, forgets what was just discussed during [language], or asks you to talk for them
- Non-verbal cues indicate child/teenager is not listening when parent is speaking [language], they "tune out", can't repeat back what was said
- Parent/caregiver looks at you when the child/teenager is speaking in English; few non-verbal and/or verbal responses to indicate understanding

Family talks more to each other in session vs. directly to/through you

Child/teenager can identify and explain key content in [language]

Parent attends when the child/teenager speaks English (nods, smiles, affectively responds)

Parent asks for language supports with school staff and treatment team

Child steps out of interpreter role or asks for language supports

#### PROGRESS CLUES

Parent encourages child/teenager to practice [language] in community settings

Child/teenager is more willing to practice [language] with you and family



# A GUIDE TO NAVIGATING CHALLENGES

## Case Vignettes

### Code-Switching and ADHD

From her first session, Sofia has reported difficulties with attention and memory. When her parents tell her to do a chore, she quickly forgets. She also has trouble focusing and completing assignments at school. As you work with Sofia, you notice signs that she may also have difficulties talking in [language]. Although her parents say she is fluent in [language], Sofia tells you there are times when she doesn't know how to share her feelings with her parents in [language]. She also tends to speak in English when talking with her parents if given a choice.

**Therapeutic Question:** To what degree is Sofia's executive functioning being challenged by ADHD and/or code-switching?

**Strategies:** Assess whether executive functioning challenges are consistent across settings using both languages. Help Sofia develop feelings vocabulary in [language]. Encourage Sofia to practice using [language] when talking with parents in session and in other settings. Assist Sofia in developing executive functioning strategies.

### Interpretation Services with Parents

At the end of each session, you meet with Lucas's parent with the assistance of an interpreter to share updates, hear concerns, and discuss strategies for the next week. Lucas's parent does not have many updates or questions and usually agrees to implement strategies at home; however, when you check in the following week, the strategies often have not been implemented. When asked about this, Lucas's parent typically responds that they were not sure what to do.

**Therapeutic Questions:** Is communication with an interpreter effective for Lucas's parent? Are there barriers interfering with implementing strategies at home?

**Strategies:** Ask about parent's comfort level with using interpreter. Discuss other possibilities for communication (e.g., recording written updates throughout the week). Allow extra time for communication with interpreter so that no one feels rushed. Ask parent to repeat information back to you to check for understanding. Problem solve other barriers interfering with treatment plan.

### Limited Educational Opportunities

Ivan is 19 years old and seeking asylum in the U.S. Due to limited formal schooling in his country of origin he cannot read or write in his native language. He uses smartphone technology to navigate communication (voice to text dictation, text to audio app, Google voice translation), but he cannot understand important documents (pay stubs, insurance/medical bills, legal documents). He is frustrated by the lack of English learner supports available and wishes he could be in a school setting with peers. He feels uncomfortable in adult education classes because the other students that speak his native language are much older.

**Therapeutic Questions:** To what degree do language challenges exacerbate mood and complex trauma symptoms? How can language-centered goals increase self-advocacy skills in community settings?

**Strategies:** Identify specific and feasible language goals to practice during session time. Incorporate audiovisual tools (visual reminders, audio recorded notes) and provide written materials that can help group home providers (type tasks directly to his smartphone). Consider games and activities that incorporate early literacy skills and learning preferences (auditory repetition, visual-spatial, kinesthetic). Focus on tangible supports (finding bilingual peer mentors) and building social support. Acknowledge his resilience despite lack of access to learning opportunities.

### Adolescent Development and Family Communication

Alex struggles with depression and social anxiety and talks to you about feeling "different." Mother only speaks Spanish, father is bilingual, and Alex is English dominant. You explore identity issues in individual sessions, but Alex is not ready to talk to parents. Family sessions focus on psycho-education about depression, adolescent development, and anxiety exposure practice. Mother participates in family sessions, but is quiet when father is present (who talks to you only in English), while Alex is timid and struggles to communicate feelings in either language. In individual sessions, Alex presents with anhedonic mood, but engages and talks to you about their interests.

**Therapeutic Questions:** How does this family navigate emotional communication within these language divides? To what extent are Alex's mood symptoms reinforced by a lack of language competence to talk to parents about their identity, their interests, and their social anxiety?

**Strategies:** Start with bilingual charades, pictionary, etc. to engage family in communication. Use visual cues (feelings charts) and daily mood check-ins to build emotional awareness and bilingual vocabulary. Try role plays to build skills in English, then translate key messages into Spanish and allow time to practice.



# A GUIDE TO NAVIGATING CHALLENGES

## Working with Interpreters

### 1 INTERPRETATION SERVICES REQUIRE PLANNING

- Assess language needs and preferences of all participants ahead of time
- Learn about interpretation resources available at your organization/institution
- Reserve interpretation services in advance, if not available on demand
- Plan for additional time for interpretation and comprehension checks
- Be sure to discuss interpretation plans or concerns with supervisors/trainees/care teams

### 2 INFORM FAMILY AND INCLUDE PREFERENCES

- Inform family about role of interpreter in maintaining privacy & confidentiality
- Ask about and address any concerns related to interpretation
- Incorporate families' preferences when possible
- Make eye contact with family when speaking with them to maintain engagement
- Take into account cultural considerations (e.g., there may be cultural norms around sharing information with a stranger or with someone of the perceived opposite gender identity)
- Parent/child can experience discomfort or mistrust (often signaled by dialect or cultural cues) based on differences in education, sociocultural or political history in home country, or perceived discrimination

### 3 COLLABORATE WITH INTERPRETER

- Provide interpreter with any context necessary to understand content or roles of participants
- Check-in with interpreter about pace and volume of speaking, as well as understanding of content
- Do not hesitate to repeat content or circle back to clarify comments that were unclear to you
- If appropriate, debrief with interpreter following session to check for any information you may have missed and for any vicarious trauma
- If possible, work with same interpreter each time to maintain consistency
- If interpreter is present while you facilitate skills practice or interactive activity, plan ahead to request pauses in interpretation during the activity to allow for language practice and observation

### 4 CHECK FOR COMPREHENSION

- Ask families to repeat back information you have shared or suggestions you made to ensure understanding
- Summarize your own understanding of what families share with you and check whether you missed anything
- Check-in with interpreter about whether anything needs further clarification
- Check-in with parent/child to see if there is anything else they would like to add/clarify before interpreter leaves session



#### Do

- Directly communicate to the parent/child ("Tell me about X")
- Pause for interpretation after 2-3 sentences
- Take notes as you listen, reflect what you heard, pace session content
- Summarize and clarify any misunderstanding
- Make time for questions and ask parent to repeat back content



#### Don't

- Directly communicate through the interpreter ("Ask the parent X")
- Speak in a long-winded or fast paced manner
- Passively listen, ask next question, focus on getting through session content
- Assume interpretation guarantees understanding
- Rely on interpreter to explain content or intuit context

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